



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

July 30, 2010

Mr. Eric Fritz, Administrator
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091

Dear Mr. Fritz:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 1, 2010**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2010
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted on 7/1/10 by the Division of Licensing and Protection. Based upon the information gathered during the time of the investigation, the following regulatory deficiency was identified.	R100		RECEIVED Division of JUL 27 10 Licensing and Protection
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and record review, the Assisted Living Residence (ALR) failed to ensure 1 resident was treated with consideration and not asked to waive their resident rights. (Resident #1) Findings include: 1. Per interview on 7/1/10 at 11:35 AM, Resident #1 stated s/he was unhappy at their present residence, the ALR, and had researched an alternative facility where s/he felt would be a better fit, would have more in common with other senior residents and the monthly rate was less costly. Resident #1 stated s/he had contacted the other facility and provided the admission coordinator with preliminary information and financial resources. The resident also confirmed that family members were not happy with this decision to move to the other facility. The resident has attempted to leave the ALR on 1 occasion to obtain money from their bank and to hire a cab to bring the resident to the other facility. Per	R213	Resident # 1 has been notified that he is free to relocate to any facility of his choice. Upon the request for his attorney, his medical records have been sent to the Vermont Veteran's Home. The Admissions Department at the Veteran's Home has been notified of resident #1's desire to relocate there. Resident # 1 will be assisted in any way possible to make a successful transition. All other residents will be reminded of their right choose another facility if they are unhappy with their present location. The Executive Director will survey the residents on a monthly basis to assure there rights are being respected and will report the results to the Quality Assurance Committee. POC accepted 7/30/10 by M. McIntosh RIV, S Penyan	7/24/2010

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

DBHR11

TITLE

EXECUTIVE DIRECTOR

(X6) DATE

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/01/2010
NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R213	Continued From page 1 interview on 7/1/10 at 10:30 AM, the ALR administrator confirmed there have been discussions with Resident #1 regarding a discharge from the ALR. It was also confirmed that the Administrator has an admission application to the other facility but has not facilitated completing the application with Resident #1, resulting in impatience and frustration for the resident and limiting the resident's right. The Administrator also confirmed Resident #1's family are resisting the move, claiming it would limit their opportunity to visit with the resident. The resident had made it clear during interview, family visits were not a priority and felt their individual resident rights were not being respected and considered by the facility.	R213	P		